## PART B - FEE(S) TRANSMITTAL

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11/09/2007

EDGAR R. CATAXINOS TraskBritt, PC

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Certificate of Mailing or Transmission

P. O. Box 2550 Salt Lake City, UT 84110			VIA ELECTRONIC FILING			
			<b>L</b>	FEB	RUARY 8, 20	80
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		TORNEY DOCKET NO.	CONFIRMATION NO.
10/701,939 11/04/2003 TITLE OF INVENTION: CONTROLLED RELEASE DEPOT FORMU			Guohua Chen ATIONS	•	ARC 3307 US R1	5013
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	02/11/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
KENNEDY, SHARON E 1615		1615	424-426000			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIG		thed below, no assignce oletion of this form is NO	data will appear on the p T a substitute for filing an (B) RESIDENCE; (CITY			ocument has been filed fo
Please check the appropriate assignee category or categories (will not be  4a. The following fee(s) are submitted:  XX Issue Fee  XX Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.  XX The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 201469 (enclose an extra copy of this form).			
NOTE: The Issue Fee an	s SMALL ENTITY stated Publication Fee (if rec	us. See 37 CFR 1.27.	b. Applicant is no loned from anyone other than t	ger claiming SMALL E	NTITY status. See 37 C	FR 1.27(g)(2).
Authorized Signature Multing  Typed or printed name Edgar R. Cataxinos			Date <u>February 8, 2008</u> Registration No. 39,931			
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